

HOMEOWNERS QUOTE SHEET

ALL INFORMATION IS REQUIRED TO OBTAIN A QUOTE

AGENCY NAME: _____ EFF DATE OF POLICY _____

PRIOR CARRIER _____

NAMED INSURED _____

PROPERTY LOCATION _____

CITY, _____ ZIP _____ CURRENT CARRIER PREMIUM _____

COUNTY _____ FIRE DISTRICT _____

INSURED EMAIL ADDRESS _____

HAS THE INSURED HAD 12 MONTHS OF CONTINOUS COVERAGE Yes ___ No ___?

IF NO: DATE POLICY CANCELLED _____ HO FORM 3 ___ 4 ___ 6 ___ HE7 _____

DWELLING VALUE _____ LIAB. LIMIT _____ MED PAY LIMIT _____

PROTECTION CLASS _____ YEAR BUILT _____ SQ. FOOTAGE _____

DWELLING UPDATES (YEAR DONE) _____

CONSTRUCTION FRAME ___ B/V ___ DEDUCTIBLE _____

FIRE EXTINGUISHERS Yes ___ No ___ DEAD BOLTS Yes ___ No ___

SMOKE DETECTORS Yes ___ No ___ CENTRAL HEAT Yes ___ No ___

CENTRAL ALARM Yes ___ No ___ LOCAL ALARM Yes ___ No ___

INSURED D.O.B. _____ SS# _____

OCCUPATION _____

SPOUSES D.O.B. _____ SS# _____

OCCUPATION _____

SWIMMING POOL OR TRAMPOLINE (Which one, If pool is it fenced) _____

DOG & BREED (IF SO BITE HISTORY) _____

ANY LOSSES LAST 3 YEARS (IF SO DESCRIBE) _____

ANY SPECIAL ENDORSEMENTS (Jewelry schedules, guns, fine arts etc.) DESCRIBE _____

IS AUTO CURRENTLY WRITTEN BY YOUR AGENCY? IF SO PLEASE ADVISE INSURANCE COMPANY

EVEN IF NOT WRITTEN BY ISI _____

MORTGAGEE INFO: _____

PREMIUM PAYOR MORTGAGEE OR INSURED _____

SOME COMPANIES WILL RUN THE CLUE AND MVR ONCE THE POLICY IS SUBMITTED TO BE ISSUED. IF THE REPORT FINDS ANYTHING DIFFERENT THE PREMIUM WILL ADJUST ACCORDINALY